

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, CMB No. 2050-0028 Expires 10-31-91  
EPA No. 3349, EPA-27

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of  
Regulated Waste  
Activity 910128

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
LPG

RECEIVED

JAN 28 1991

U.S. DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
DIVISION OF AIR AND HAZARDOUS MATERIALS

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification☒ B. Subsequent Notification  
(complete item C)

## C. Installation's EPA ID Number

R I D 0 9 5 9 7 6 5 4 4

## II. Name of Installation (Include company and specific site name)

O L I N H U N T S P E C I A L T Y P R O D U C T S

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
O N E W E L L I N G T O N R D

Street (continued)

City or Town  
L I N C O L N

State ZIP Code

R I 0 2 8 6 5 -

County Code County Name

0017 P R O V I D E N C E

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State ZIP Code

R I 0 2 8 6 5 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last) (first)

T H E R R I E N A L D E R I C

Job Title Phone Number (area code and number)

P L A N T M A N A G E R 4 0 1 - 3 3 3 - 6 1 1 4

## VI. Installation Contact Address (See instructions)

A. Contact Address Location B. Street or P.O. Box

X ONE W E L L I N G T O N R D

City or Town

State ZIP Code

R I 0 2 8 6 5 -

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

O L I N C O R P O R A T I O N

Street, P.O. Box, or Route Number

1 2 0 L O N G R I D G E R D

City or Town

State ZIP Code

C T 0 6 9 0 4 -

S T A M F O R D

B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year

Phone Number (area code and number)

2 0 3 - 3 5 6 - 2 0 0 0 P P Yes No X

RCRA RECORDS CENTER  
FACILITY OLIN HUNT SPECIALTY  
ID NO. RID095976544  
FILE LOC. R-1A  
OTHER



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved: OMB No. 2050-0028 Expires 10-31-91  
GSA No. 0248-EPA-07

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JAN 28 1991

U.S. DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
DIVISION OF AIR AND HAZARDOUS MATERIALS

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) who First Claims the Oil Meets the Specification
- ☐

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

☒☒☒☒

D 0 2 6

D 0 3 9

D 0 2 5

D 0 2 4

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 U 2 2 9	6 U 0 5 2
7 U 0 1 2	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 R 0 0 1	2 R 0 0 3	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Alderic R. Therrien

Name and Official Title (type or print)

ALDERIC R. THERRIEN PLT. MGR

Date Signed

1-16-91

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 9-30-88  
GSA No. 0246-EPA-01United States Environmental Protection Agency  
Washington, DC 20460

## Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

Comments											
C											
C											
Installation's EPA ID Number						Approved	Date Received (yr. mo. day)				
C						T/A C					
F						1			8	6	0
860224											

## I. Name of Installation

P H I L I P A H U N T C H E M I C A L C O R P .

## II. Installation Mailing Address

Street or P.O. Box											
C											
3	O	N	E	W	E	L	L	I	N	G	T
O N E W E L L I N G T O N R O A D											
City or Town										State	ZIP Code
C											
4	L	I	N	C	O	L	N			R	I
L I N C O L N										0	2
8 6 5											

## III. Location of Installation

Street or Route Number											
C											
5											
City or Town											
C											
6											
State											
ZIP Code											

## IV. Installation Contact

Name and Title (last, first, and job title)										Phone Number (area code and number)	
C											
2	T	H	E	R	R	I	E	N	A	(	P
T H E R R I E N A ( P L T M G R )										4	0
1 3 3 3 6 1 1 4											

## V. Ownership

A. Name of Installation's Legal Owner										B. Type of Ownership (enter code)	
C											
R	O	L	I	N	C	O	R	P	O	R	A
O L I N C O R P O R A T I O N										P	

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input checked="" type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (Or On-Site Burner) Who First Claims the Oil Meets the Specification.	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input checked="" type="checkbox"/> c. Burner			

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

<input type="checkbox"/> A. Utility Boiler	<input checked="" type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
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## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
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## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number									
		R	I	D	0	9	5	9	7	6	5
		4 4									

FILE NO. \_\_\_\_\_

DONE BY: \_\_\_\_\_

DATE: \_\_\_\_\_

MAINTENANCE FORM

RCRA RECORDS CENTER  
FACILITY OLIN HUNT SPECIALTY  
I.D. NO. RID 095 976 544  
FILE LOC. R-1A  
OTHER \_\_\_\_\_

FACILITY I.D. #: RID 095 976 544

CARD #:

CHANGE:

*Notif.*

*Contact Therien A*

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

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CARD #:

CHANGE:



RID095976544



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
75 Davis Street  
Providence, R. I. 02908

RCRA RECORDS CENTER  
FACILITY OLIN HUNT SPECIALTY  
I.D. NO. RID095976544  
FILE LOC. 1A  
OTHER NPA

9 April 1984

Mr. Frank Battaglia  
Permits Branch  
Environmental Protection Agency  
John F. Kennedy Federal Building  
Boston, MA 02203

Dear Frank:

I recently had correspondence with Philip A. Hunt Chemical Corporation.

They indicated that some changes should be made to the HWDMS for their three companies in Rhode Island.

Please make the changes indicated on the enclosed sheet.

Sincerely,

Stephen Majkut,  
Senior Engineer  
Division of Air & Hazardous  
Materials

S.M.

jad

enc.





PHILIP A. HUNT CHEMICAL CORPORATION  
ORGANIC CHEMICAL DIVISION

May 29, 1984

R. I. Department of Environmental Management  
Room 204 - Cannon Building  
75 Davis Street  
Providence, RI 02905

RECEIVED

MAY 31 1984

R. I. DEPT. OF ENVIRONMENTAL MANAGEMENT  
Division of Air & Hazardous Materials

Att: Steve Majkut

Dear Sir:

Per our recent telephone conversation regarding the current status of Philip A. Hunt Chemical's hazardous waste management program, may this letter serve to clarify our current operations.

The following list indicates the correct address, EPA ID number and activities occurring at each facility:

<u>Address</u>	<u>EPA ID No.</u>	<u>Generator</u>	<u>Transporter</u>
200 Massasoit Avenue East Providence, RI 02914	RI D075728030	X	
1 Industrial Circle Lincoln, RI 02865	RI D001202589	X	
1 Wellington Road Lincoln, RI 02865	RI D095976544	X	X

Please do not hesitate to call if you require any further information regarding Hunt's hazardous waste management program.

Sincerely,

Alan R. Brodd, P.E.  
Environmental/Safety Engineer

ARB/mlc



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FRID0959765443D	
L. LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1	PHILIP A. HUNT CHEMICAL CORPORATION
---	-------------------------------------

## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	MATTE, ROBERT, CHIEF ENGINEER	4.0.1	3.3.3 6.1.1.4

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	1 WELLINGTON ROAD			RI	02865

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	1 WELLINGTON ROAD				RI	02865	



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	6	9	(specify) Photographic developers					7	2	8	6	9	(specify) Polymers				
C. THIRD										D. FOURTH									
7	2	8	6	9	(specify) Couplers					7	(specify)								

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed Item VIII-A also owner?																						
8	P	H	I	L	I	P	A	H	U	N	T	C	H	E	M	I	C	A	L	C	O	R	P	O	R	A	T	I	O	N		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																						
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P	(specify)																					
E. STREET OR P.O. BOX																																
1 WELLINGTON ROAD																																
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND																		
B LINCOLN										R I		0 2 8 6 5		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																		

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N									9	P								
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U									9	2 5 6 (specify) Boiler permit								
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R									9	2 5 5 (specify) Boiler permit								

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

## XII. NATURE OF BUSINESS (provide a brief description)

We manufacture fine organic chemicals used as intermediates at our other Hunt plants, and we also sell directly to private customers.

Steve Pozner

F9: A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Sheldon L. Green, V. P., Mfg.	Sheldon L. Green	10/17/80

## COMMENTS FOR OFFICIAL USE ONLY

C



<b>FORM</b> <b>3</b> <b>RCRA</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>F R I D 0 9 5 9 7 6 5 4 4 3 1</span> <span style="font-size: small;">T/A C</span> </div>
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FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date) <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <table border="1" style="font-size: x-small;"> <tr><td>YR.</td><td>7</td><td>7</td></tr> <tr><td>MO.</td><td>1</td><td>2</td></tr> <tr><td>DAY</td><td>0</td><td>1</td></tr> </table> </div> <div>             FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)           </div> </div>	YR.	7	7	MO.	1	2	DAY	0	1	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <table border="1" style="font-size: x-small;"> <tr><td>YR.</td><td></td><td></td></tr> <tr><td>MO.</td><td></td><td></td></tr> <tr><td>DAY</td><td></td><td></td></tr> </table> </div> <div>             FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN           </div> </div>	YR.			MO.			DAY		
YR.	7	7																	
MO.	1	2																	
DAY	0	1																	
YR.																			
MO.																			
DAY																			
<input type="checkbox"/> B. REVISED APPLICATION (place an "X" below and complete Item I above) <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																			

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>			<u>Treatment:</u>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<u>Disposal:</u>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

  

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> <span>DUP</span> <span>T/A C</span> </div>									
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)		
1	S 0 2	20 000 000	G	5					
2	S 0 2	25 000 000	G	6					
3				7					
4				8					
5				9					
6				10					



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W R I D O 9 5 9 7 6 5 4 4 3 1															W DUP									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	U 2 3 9	150,000 000	P	S 0 1											xylene
2	D 0 0 1	150,000 000	P	S 0 1											
3	D 0 0 0	25,000 000													Included with above
4	P 0 5 3	0	P	S 0 1											
5	P 0 5 4	0	P	S 0 1											
6	P 1 0 5	0	P	S 0 1											
7	P 1 0 6	0	P	S 0 1											
8	U 0 0 2	0	P	S 0 1											
9	U 0 0 3	0	P	S 0 1											
10	U 0 0 6	0	P	S 0 1											
11	U 0 1 2	0	P	S 0 1											
12	U 0 1 9	0	P	S 0 1											
13	U 0 2 0	0	P	S 0 1											
14	U 0 2 3	0	P	S 0 1											
15	U 0 3 7	0	P	S 0 1											
16	U 0 4 4	0	P	S 0 1											
17	U 0 5 2	0	P	S 0 1											
18	U 0 5 7	0	P	S 0 1											
19	U 0 7 0	0	P	S 0 1											
20	U 0 7 7	0	P	S 0 1											
21	U 0 8 0	0	P	S 0 1											
22	U 1 0 8	0	P	S 0 1											
23	U 1 2 2	0	P	S 0 1											
24	U 1 2 3	0	P	S 0 1											
25	U 1 3 3	0	P	S 0 1											
26	U 1 4 7	0	P	S 0 1											



## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 13.

EPA I.D. NO. (enter from page 1)

FRID09597654436

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

~~41 55 012~~

LONGITUDE (degrees, minutes, &amp; seconds)

~~071 28 004~~

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Sheldon L. Green  
Vice President, Manufacturing

B. SIGNATURE

Sheldon L. Green

C. DATE SIGNED

1/23/81

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

Philip A. Hunt Chem Corp.  
1 Wellington Rd.  
Lincoln, RI

Re: RID 095976544

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has received an application for a Federal hazardous waste permit for the facility referenced above by its EPA identification number. The Agency has reviewed the application and found that the information items marked below are missing. These items must be completed and the application returned to this office ~~by~~ within 30 days in order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

Because we received a large number of permit applications, we were able to conduct only a preliminary review of this application and will conduct a more detailed review at a later date. If we find additional items are missing we will contact you again at that time.

THE FOLLOWING MISSING ITEMS MUST BE COMPLETED:

- ☐ Form 1 Item XIIIIB Signature
- ☐ Form 3 Item IIAI Date Operation Began or Construction Commenced
- ☒ Form 3 Item IXB Owner's Signature

RCRA RECORDS CENTER  
FACILITY OLIM HUNT SPED  
I.D. NO. RID 095976544  
FILE LOC. R-1A  
OTHER Int. Status Compl

Received: 1/15/81



**CONTINUE ON REVERSE**



## II. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## V. DESCRIPTION OF HAZARDOUS WASTES

1. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

3. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

2. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T	0	3	D	8 0
X-2	D 0 0 2	400	P	T	0	3	D	8 0
X-3	D 0 0 1	100	P	T	0	3	D	8 0
X-4	D 0 0 2							included with above



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE														
W	R	I	D	O	9	5	9	7	6	5	4	4	1		W														
															DUP														

7. DESCRIPTION OF HAZARDOUS WASTES (continued)

1 20 22	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES												2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
	23	24	25	26	27	28	29	30		31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
1	U	2	3	9	150,000				P		S	0	1												
2	D	0	0	1	150,000				P		S	0	1												
3	D	0	0	0	25,000																				Included with above
4	P	0	5	3	0				P		S	0	1												
5	P	0	5	4	0				P		S	0	1												
6	P	1	0	5	0				P		S	0	1												
7	P	1	0	6	0				P		S	0	1												
8	U	0	0	2	0				P		S	0	1												
9	U	0	0	3	0				P		S	0	1												
10	U	0	0	6	0				P		S	0	1												
11	U	0	1	2	0				P		S	0	1												
12	U	0	1	9	0				P		S	0	1												
13	U	0	2	0	0				P		S	0	1												
14	U	0	2	3	0				P		S	0	1												
15	U	0	3	7	0				P		S	0	1												
16	U	0	4	4	0				P		S	0	1												
17	U	0	5	2	0				P		S	0	1												
18	U	0	5	7	0				P		S	0	1												
19	U	0	7	0	0				P		S	0	1												
20	U	0	7	7	0				P		S	0	1												
21	U	0	8	0	0				P		S	0	1												
22	U	1	0	8	0				P		S	0	1												
23	U	1	2	2	0				P		S	0	1												
24	U	1	2	3	0				P		S	0	1												
25	U	1	3	3	0				P		S	0	1												
26	U	1	4	7	0				P		S	0	1												



EPA I.D. NUMBER (enter from page 1)

FOR OFFICIAL USE

W R I D O 9 5 9 7 5 5 4 4 1

W DUP

2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
27	U 1 6 2	0	P	S 0 1	
28	U 1 8 2	0	P	S 0 1	
29	U 1 8 8	0	P	S 0 1	
30	U 1 9 6	0	P	S 0 1	
31	U 2 1 3	0	P	S 0 1	
32	U 2 2 0	0	P	S 0 1	
33	U 2 2 7	0	P	S 0 1	
34	U 2 2 8	0	P	S 0 1	
35	P 0 6 9	0	P	S 0 1	
36	P 0 0 3	0	P	S 0 1	
37	P 0 0 5	0	P	S 0 1	
38	P 0 3 7	0	P	S 0 1	
39	P 0 0 9	0	P	S 0 1	
40	P 0 1 0	0	P	S 0 1	
41	P 0 0 8	0	P	S 0 1	
42	P 1 1 9	0	P	S 0 1	
43	P 0 1 2	0	P	S 0 1	
44	P 0 1 6	0	P	S 0 1	
45	P 0 1 8	0	P	S 0 1	
46	P 0 2 1	0	P	S 0 1	
47	P 0 2 2	0	P	S 0 1	
48	P 0 2 4	0	P	S 0 1	
49	P 0 2 8	0	P	S 0 1	
50	P 0 2 9	0	P	S 0 1	
51	P 0 3 0	0	P	S 0 1	
52	P 0 4 8	0	P	S 0 1	



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W R I D 0 9 5 9 7 6 5 4 4 1													W DUP 2 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
53	P	0	6	8	0					P	S	0	1														
54	P	0	6	4	0					P	S	0	1														
55	P	0	7	3	0					P	S	0	1														
56	P	0	7	4	0					P	S	0	1														
57	P	0	7	7	0					P	S	0	1														
58	P	1	0	0	0					P	S	0	1														
59	P	1	0	1	0					P	S	0	1														
60	P	1	2	0	0					P	S	0	1														
61	P	1	2	1	0					P	S	0	1														
62	P	0	3	1	0					P	S	0	1														
63	U	1	1	2	0					P	S	0	1														
64	U	2	0	1	0					P	S	0	1														
65	U	2	1	9	0					P	S	0	1														
66	U	2	2	1	0					P	S	0	1														
67	F	0	0	1	0					P	S	0	1														
68	F	0	0	2	0					P	S	0	1														
69	F	0	0	3	0					P	S	0	1														
70	F	0	0	5	0					P	S	0	1														
71	D	0	0	2	0					P	S	0	1														
72	D	0	0	3	0					P	S	0	1														
73	U	1	5	4	0					P	S	0	1														
74	U	1	5	9	0					P	S	0	1														
75	U	1	6	1	0					P	S	0	1														
76																											
77																											
78																											



**7. DESCRIPTION OF HAZARDOUS WASTE** (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1

EPA I.D. NO. (enter from page 1)													
R	I	D	O	9	5	9	7	6	5	4	4	T/A	C
2												13	14 15

**FACILITY DRAWING**

If existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**I. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**II. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
	4	1		5	5		0	1	2		
65	66		67	68	69 - 71	72 - 74	75	76	77 - 79		

**III. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	
6. ZIP CODE							

**IV. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) Sheldon L. Green Vice President, Manufacturing	B. SIGNATURE <i>Sheldon L. Green</i>	C. DATE SIGNED 1/23/81
--	---	---------------------------

**OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED



<b>FORM 1</b> <b>GENERAL</b>	 <b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8</td> <td style="width:10%;">9</td> <td style="width:10%;">10</td> <td style="width:10%;">11</td> <td style="width:10%;">12</td> <td style="width:10%;">13</td> <td style="width:10%;">14</td> <td style="width:10%;">15</td> <td style="width:10%;">16</td> <td style="width:10%;">17</td> <td style="width:10%;">18</td> </tr> <tr> <td>F</td> <td>R</td> <td>I</td> <td>D</td> <td>O</td> <td>9</td> <td>5</td> <td>9</td> <td>7</td> <td>6</td> <td>5</td> </tr> </table>	8	9	10	11	12	13	14	15	16	17	18	F	R	I	D	O	9	5	9	7	6	5
8	9	10	11	12	13	14	15	16	17	18														
F	R	I	D	O	9	5	9	7	6	5														
<b>LABEL ITEMS</b> <b>I. EPA I.D. NUMBER</b> <b>III. FACILITY NAME</b> <b>V. FACILITY MAILING ADDRESS</b> <b>VI. FACILITY LOCATION</b>	<div style="border: 1px solid black; padding: 20px; min-height: 150px;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b> </div>	<b>GENERAL INSTRUCTIONS</b> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>																						

<b>II. POLLUTANT CHARACTERISTICS</b> <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.													
SPECIFIC QUESTIONS				MARK 'X'			SPECIFIC QUESTIONS				MARK 'X'		
				YES	NO	FORM ATTACHED					YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)							B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)						
				16	17	18					19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)							D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)						
				22	23	24					25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)							F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)						
				28	29	30					31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)							H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)						
				34	35	36					37	38	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)							J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)						
				40	41	42					43	44	45

<b>III. NAME OF FACILITY</b>											
1	SKIP	PHILIP A. HUNT CHEMICAL CORPORATION									
		60									

<b>IV. FACILITY CONTACT</b>											
A. NAME & TITLE (last, first, & title)								B. PHONE (area code & no.)			
2 MATTE ROBERT CHIEF ENGINEER								401 333 6114			
								61			

<b>V. FACILITY MAILING ADDRESS</b>											
A. STREET OR P.O. BOX											
3 1 WELLINGTON ROAD											
45											
B. CITY OR TOWN								C. STATE		D. ZIP CODE	
4 LINCOLN								RI		02865	
								46		51	

<b>VI. FACILITY LOCATION</b>													
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER													
5 1 WELLINGTON ROAD													
48													
B. COUNTY NAME								<div style="border: 1px solid black; padding: 10px;"> <b>RCRA RECORDS CENTER</b>            FACILITY OLIN HUNT SPEC            I.D. NO. R1D095976544            FILE LOC. R-1A            OTHER         </div>					
PROVIDENCE													
70													
C. CITY OR TOWN								D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
6 LINCOLN								RI		02865			
								49		51		54	



I. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
2 8 6 9 (specify)	Photographic developers	7 2 8 6 9 (specify)	Polymers
C. THIRD		D. FOURTH	
2 8 6 9 (specify)	Couplers	7 (specify)	

II. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
PHILIP A HUNT CHEMICAL CORPORATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)		C A 15 16 17 18 19 20 21 22 23 24 25	
E. STREET OR P.O. BOX			
WELLINGTON ROAD			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
LINCOLN	RI	0 2 8 6 5	
		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
T I N 16 17 18 30	C T I 9 P 19 16 17 18 30		
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
T I U 16 17 18 30	C T I 9 19 16 17 18 30	2 5 6 (specify) Boiler permit	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
T I R 16 17 18 30	C T I 9 19 16 17 18 30	2 5 5 (specify) Boiler permit	

MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

I. NATURE OF BUSINESS (provide a brief description)

We manufacture fine organic chemicals used as intermediates at our other Hunt plants, and we also sell directly to private customers.

II. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Sheldon L. Green, V. P., Mfg.	Sheldon L. Green	10/17/80

COMMENTS FOR OFFICIAL USE ONLY

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U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.I. NAME OF IN-  
STALLATIONII. INSTALLATION  
MAILING  
ADDRESSIII. LOCATION  
OF INSTAL-  
LATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000050

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

Aug 4 10 43 AM '80

R I D 0 9 5 9 7 6 5 4 4 3

8 1 0 1 8 0 4

## I. NAME OF INSTALLATION

P H I L I P A H U N T C H E M I C A L C O R P O R A T I O N

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 1 W E L L I N G T O N R O A D

CITY OR TOWN

4 L I N C O L N

ST.

ZIP CODE

R I 0 2 8 6 5

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 1 W E L L I N G T O N R O A D

CITY OR TOWN

6 L I N C O L N

ST.

ZIP CODE

R I 0 2 8 6 5

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 P O Z N E R S T E V E E N V I R O N M E N T A L E G R

4 0 1 - 3 3 3 - 6 1 1 4

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 T U R N E R &amp; N E W E L L

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

R I D 0 9 5 9 7 6 5 4 4

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



S	W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
RID0959765492																

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 6 9	P 0 0 3	P 0 0 5	P 0 3 7	P 0 0 9	P 0 1 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 0 0 8	P 1 1 9	P 0 1 2	P 0 1 6	P 0 1 8	P 0 2 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
P 0 2 2	P 0 2 4	P 0 2 8	P 0 2 9	P 0 3 0	P 0 4 8
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Matte, Chief Engineer

7-31-86

EPA Form 8700-12 (6-80) REVERSE



Please keep  
wastes only

I.D. - FOR OFFICIAL USE ONLY

W 10959765492

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 6 8	P 0 6 4	P 0 7 3	P 0 7 4	P 0 7 7	P 1 0 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 1 0 1	P 1 2 0	P 1 2 1	U 0 3 1	U 1 1 2	U 2 0 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 9	U 2 2 1				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

Jul 11 3 03 PM '80

## I. NAME OF INSTALLATION

PHILIP A HUNT CHEMICAL CORPORATION

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31 WELLINGTON ROAD

CITY OR TOWN

LINCOLN

ST.

ZIP CODE

RI 02865

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

51 WELLINGTON ROAD

CITY OR TOWN

LINCOLN

ST.

ZIP CODE

RI 02865

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 POZNER STEVE ENVIRONMENTAL EGR 401-333-6114

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TURNER NEWELL

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

R I D 095976544

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY									
9	W	R	I	D	0	9	5	9	7
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26 7 23 - 26	2 F 0 0 2 23 - 26 8 23 - 26	3 F 0 0 3 23 - 26 9 23 - 26	4 F 0 0 5 23 - 26 10 23 - 26	5 23 - 26 11 23 - 26	6 23 - 26 12 23 - 26
---	---	---	--	-------------------------------	-------------------------------

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26 19 23 - 26 25 23 - 26	14 23 - 26 20 23 - 26 26 23 - 26	15 23 - 26 21 23 - 26 27 23 - 26	16 23 - 26 22 23 - 26 28 23 - 26	17 23 - 26 23 23 - 26 29 23 - 26	18 23 - 26 24 23 - 26 30 23 - 26
---	---	---	---	---	---

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 5 3 23 - 26 37 U 0 0 6 23 - 26 43 U 0 4 4 23 - 26	32 P 0 5 4 23 - 26 38 U 0 1 2 23 - 26 44 U 0 5 2 23 - 26	33 P 1 0 5 23 - 26 39 U 0 1 9 23 - 26 45 U 0 5 7 23 - 26	34 P 1 0 6 23 - 26 40 U 0 2 0 23 - 26 46 U 0 7 0 23 - 26	35 U 0 0 2 23 - 26 41 U 0 2 3 23 - 26 47 U 0 7 7 23 - 26	36 U 0 0 3 23 - 26 42 U 0 3 7 23 - 26 48 U 0 8 0 23 - 26
--	--	--	--	--	--

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Robert Matte</i>	NAME & OFFICIAL TITLE (type or print) Robert Matte, Chief Engineer	DATE SIGNED 7-8-80
----------------------------------	---	-----------------------



I.D. - FOR OFFICIAL USE ONLY

W R I D 0 9 5 9 7 6 5 4 4 2 1

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 0 8	U 1 2 2	U 1 2 3	U 1 3 3	U 1 4 7	U 1 5 4
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 1 5 9	U 1 6 1	U 1 6 2	U 1 8 2	U 1 8 8	U 1 9 6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 3	U 2 2 0	U 2 2 7	U 2 2 8	U 2 3 9	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☐ 1. IGNITABLE  
(D001)☐ 2. CORROSIVE  
(D002)☐ 3. REACTIVE  
(D003)☐ 4. TOXIC  
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED



RID 095976544



ACKNOWLEDGEMENT SENT

1000

INTERNAL CHECKLIST

RCRA RECORDS CENTER  
FACILITY OLIM HUNT SPECIAL  
I.D. NO. RID 095976544  
FILE LOC. R-1A  
OTHER \_\_\_\_\_

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid ☐

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

7(1) <sup>Non</sup>Notifier

☐

D. (2) NOTIFIED after AUGUST 18, 1980

☐

Valid ☐

E. (1) FORM 1, XIII B SIGNATURE missing

☐

(2) FORM 3, IX B SIGNATURE missing

☒

2. A. HANDLER

☒

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY  
(missing name and address on Form 3)

☐

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☐

G. NON-CORE ITEM(S) MISSING

☐

H. OTHER

☐

Coded:  
007- county code  
4155120-lat  
07128040-long

2/23



ITEM NUMBER

- II. Pollutant Characteristics ☐
- \*III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
  - A. Street or P.O., Box ☐
  - B. City or Town ☐
  - C. State ☐
  - D. Zip Code ☐
- VI. Facility Location
  - \*A. Street, Route Number ☐
  - B. County Name ☐
  - \*C. City or Town ☐
  - \*D. State ☐
  - E. Zip Code ☐
  - F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
  - \*A. Name ☐
  - \*B. Is the name listed in VIII-A also the owner ☐
  - C. Status of operator ☐
  - D. Phone ☐
  - \*E. Street or P.O. Box ☐
  - \*F. City or Town ☐
  - \*G. State ☐
  - H. Zip Code ☐



IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. \*1. Name and

☐

2. Official Title

☐

\*B. Signature

☐

\*C. Date Signed

☐

Comments:

Form 1 is missing

☐

Items preceded by \* must be submitted by \_\_\_\_\_.



ITEM NUMBER

\*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

\*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
  1. Amount ☐
  2. Unit of Measure ☐

\*IV. Description of Hazardous Wastes

- A. EPA Hazardous Waste Number ☐
- B. Estimated Annual Quantity ☐
- C. Unit of Measure ☐
- D. Processes
  1. Process Codes ☐
  2. Process Description ☐

V. Facility Drawing ☐

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

- \*1. Name of Facility's Legal Owner ☐
2. Phone ☐
- \*3. Street or P.O. Box ☐
- \*4. City or Town ☐
- \*5. State ☐
6. Zip Code ☐



\*IX. Owner Certification

A. Name

B. Signature

C. Date Signed

☐  
☐  
☐

\*X. Operator Certification

A. Name

B. Signature

C. Date

☐  
☐  
☐

Comments:

Form 3 is missing

☐

Items preceded by \* must be submitted by \_\_\_\_\_.